

**BENEFICIARY'S NAME: CHERRY R BENEDICT**

Your Social Security benefit will increase by **1.3%** in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

<b>How Much You Will Get</b>	
Your monthly benefit before deductions	<b>\$1,692.50</b>
<b>Deductions:</b>	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	<b>\$148.50</b>
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	<b>\$0.00</b>
U.S. Federal tax withholding	<b>\$0.00</b>
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	<b>\$0.00</b>
After we take any other deductions, you will receive the payment you are due for December 2020 on or about January 13, 2021.	<b>\$1,544.00</b>

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at **[www.godirect.org](http://www.godirect.org)** or call their Electronic Payment Solution Center at **1-800-333-1795**. If outside the United States, please call **1-214-254-3113**.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit **[www.ssa.gov/benefits/disability/appeal.html](http://www.ssa.gov/benefits/disability/appeal.html)** online.

**If You Have Questions**

- Visit us at **[www.ssa.gov](http://www.ssa.gov)** online.
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**).
- Contact your nearest Social Security office.

SUITE 225  
334 WASHINGTON ST  
JOHNSTOWN PA 15901



**NORTHERN  
TRUST**

Please send all correspondence to:  
BOSCH BENEFITS CENTER  
PO BOX 9920  
PROVIDENCE RI 02940-4020  
800-207-9012



## EARNINGS STATEMENT

PENSION PLAN  
FOR DISCONTINUED OPERATIONS OF ROBERT BOSCH

Check Number	Payable Date	Reference Number	ID Number	Client / Plan
0000000000	12-01-2021	0000000000		0000000000

On the reverse side of this document, you will find: Electronic Deposit Authorization, Address Correction Form, and Important Federal Tax Election Notice.



CHERRY BENEDICT  
850 W MAIN STREET  
SOMERSET PA 15501-1234



EARNINGS	THIS PERIOD	YEAR-TO-DATE
TRUST	\$249.57	\$2,994.84
<b>GROSS PAY</b>	<b>\$249.57</b>	<b>\$2,994.84</b>
DEDUCTIONS	THIS PERIOD	YEAR-TO-DATE
FEDERAL	\$10.00	\$120.00
<b>TOTAL DEDUCTIONS</b>	<b>\$10.00</b>	<b>\$120.00</b>
<b>NET PAY</b>	<b>\$239.57</b>	

### IMPORTANT NOTES

### WITHHOLDING ELECTIONS

CURRENT FEDERAL WITHHOLDING ELECTIONS  
Single 1 Exemption(s) Add'l Amt Withheld \$10.00  
CURRENT PA STATE WITHHOLDING ELECTIONS  
No Withholding

Federal Tax Election Form (Please complete only one of the following)

- ☐ I do not want Federal income tax withheld from my payment
- ☐ I want to have Federal income tax withheld from my payment based on the elections I have indicated below:  
☐ Single ☐ Married # of Exemptions \_\_\_\_\_  
Additional Amount Withheld \$ \_\_\_\_\_

Under penalties of perjury, I certify that I am entitled to the above elections.

Requests for flat dollar amount withholding, or any election options that are not consistent with those which are stated on this form will not be processed.

Required Signature

Phone #

Date



1060/RBB